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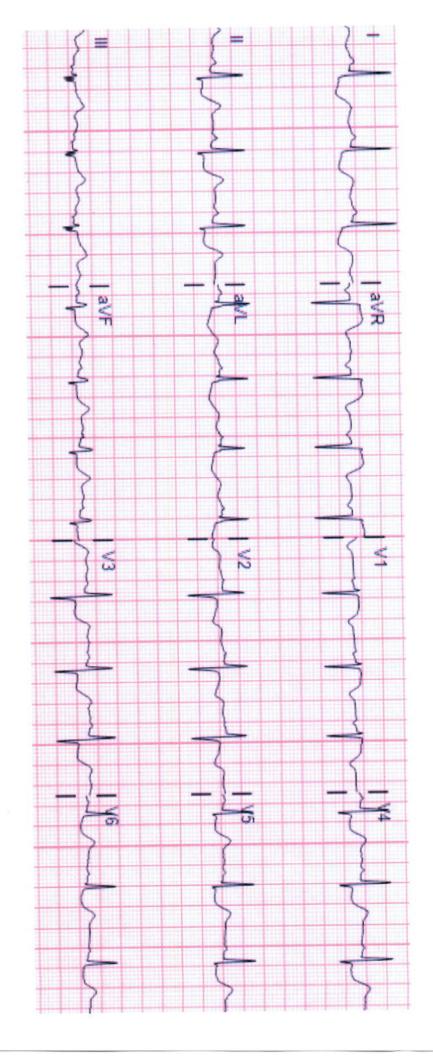
William Davis, M.D.

San Antonio Uniformed Services

Health Education Consortium

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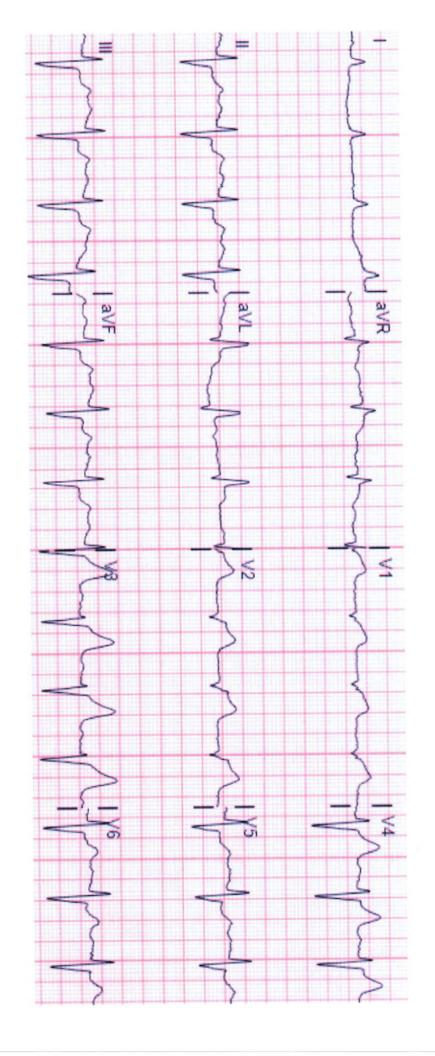
Main points

- Recognize this EKG pattern as high risk
- Look closely for STEMI
- Consider etiology of coronary ischemia
- Consider withholding clopidogrel

2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction

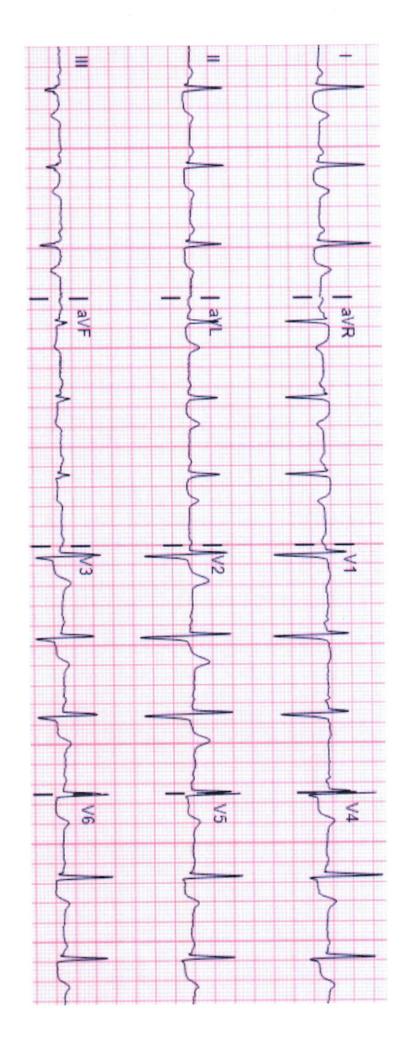
A Report of the American College of Cardiology Foundation/ American Heart Association Task Force on Practice Guidelines

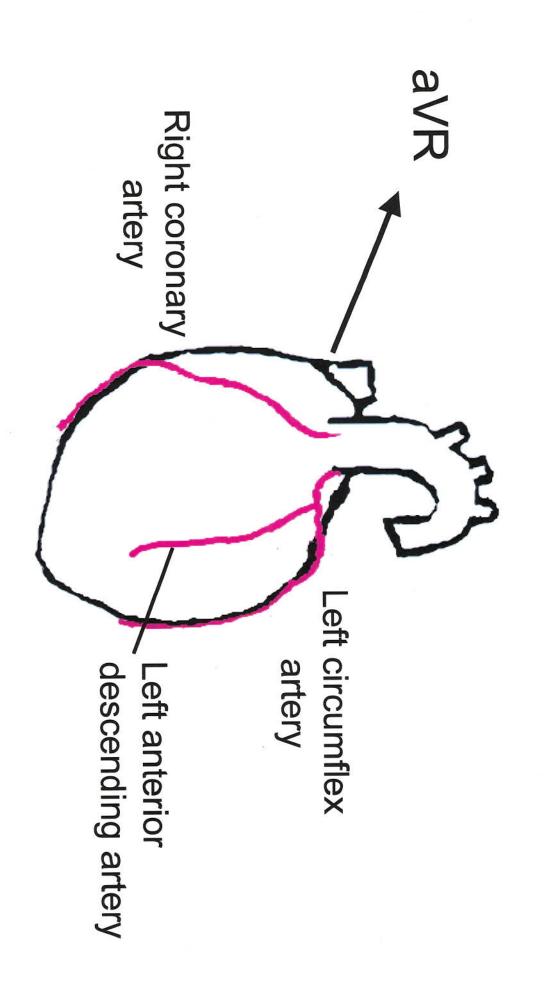
Developed in Collaboration With the American College of Emergency Physicians and Society for Cardiovascular Angiography and Interventions

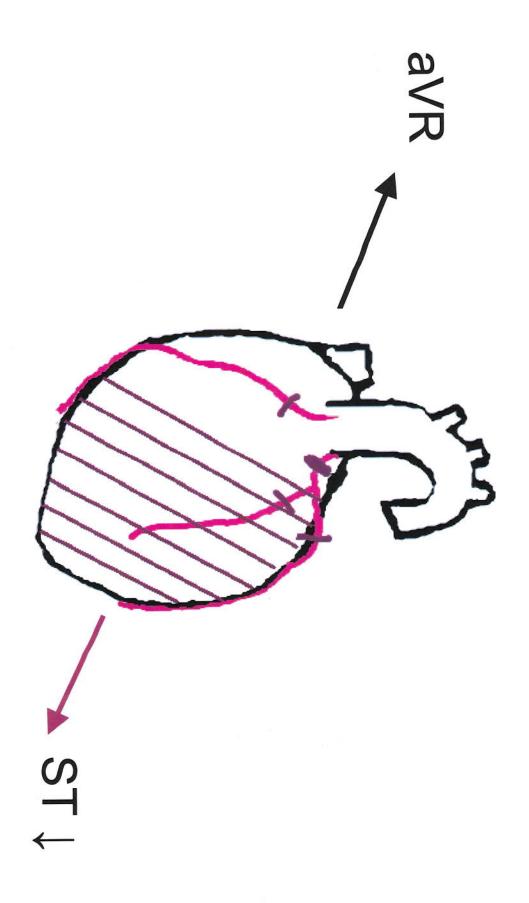


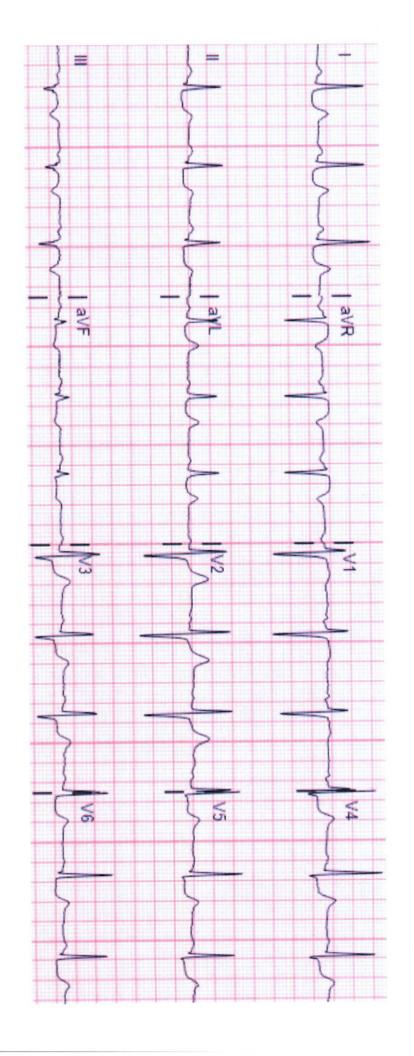
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STEMI ST in lead aVR Non-STEM

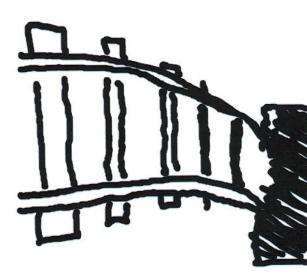












Hypokalemia

Cath lab

Anemia

Pulmonary **Embolism**

Secretarion of the second

Consider
diagnostics and
resuscitation for
secondary
ischemia

≥1 mm of ST ↑ NSTEMI or UA with Severe 3 vessel

in aVR

or LMCA disease

Urgent

CABG

Clopidogrel

Take home points

- Don't ignore ST elevation in aVR
- Look closely for STEMI
- Consider secondary ischemia in NSTEMI
- Consider withholding clopidogrel

Resources

- Davis WT, Long BJ, Barnwell RM, & Frawley TC. "A case of spontaneous coronary artery dissection with ST elevation in aVR and posterior leads." Am J Emerg Med 2016; 34(12): 2470-e5.
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- Smith SW. Updates on the electrocardiogram in acute coronary syndromes. Curr Emerg Hosp Med Rep 2012;1(1):43-52.